Their Stories: YOPD

The Journey of Young-Onset Parkinson Disease

Plus...

• Social Security Disability and Parkinson Disease
• Special Needs Trust: Is it an Option for You?
• PD and the Americans with Disabilities Act

…and more!
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Credits

The Network is a publication for people with Parkinson disease, their families and friends, and any interested individuals and groups in the Midwest. It is published by the Wisconsin Parkinson Association.

Information provided concerning medical diagnosis, treatment, and research is not intended to answer individual problems but to report and explain current information about Parkinson disease. You should always ask your physician about specific treatment issues.

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Dear Readers,

April is Parkinson Disease Awareness Month, and we are hard at work planning educational programs around the state to help spread information and resources as we do throughout the year. The 30th Annual Parkinson Disease Symposium will be held on Friday, June 24 in Pewaukee. See page 23 for more information on the topics that will be covered. We invite you to join us – this is an event that you won’t want to miss!

How young is “young?” When it comes to Parkinson disease, young-onset cases are those diagnosed before age 50. Just 2% of the 1 million people with Parkinson’s are thought to be below the age of 40, and Parkinson’s is often overlooked as a diagnosis in younger patients. In this issue of The Network, you will learn more about Young-Onset Parkinson’s – the progression of the disease, methods for treatment, and the different struggles and challenges those diagnosed with Young-Onset PD experience.

Please consider making a donation to WPA today to support our educational programs around the state. WPA works with over 60 support groups, including several Young-Onset groups, and your donation will help us continue to provide resources and connections to these groups.

From Appleton to La Crosse, and Wausau to Rockford, IL, the Wisconsin Parkinson Association is making connections across Wisconsin and the surrounding states.

The success of WPA would not be possible without your support. Thank you for your generosity.

Wishing you good health,

Kate McDonald

WPA Board President

Kate McDonald, MBA

Wisconsin Parkinson Association
The Network, Spring 2016
How young is “young?” The average age of diagnosis of Parkinson disease is over 60, but WPA works with many who were diagnosed with Young-Onset Parkinson’s – which means before age 50. Some are now in their 80s and have been living with the disease for 30 or 40 years. Some are in their 60s, and have lived with it for 10 or 20 years. Some are in their 30s and 40s and are just figuring out how PD will affect the next several decades of their lives.

Younger people experience Parkinson disease differently – many are parents of young children, or at a different stage of their careers. They may be less able to deal with the challenges of a disabling condition, and often have less time to engage in their own care.

Those with Young-Onset Parkinson’s have different struggles, different experiences, and different stories. Here we profile three people with Young-Onset Parkinson’s and share their experiences with the disease.

**Exercise Makes the Difference**

In 2010, Bob Norman knew something was going on with his body. Extreme fatigue, rigidity, and body pain were not normal for the healthy and active 45 year old. Suspecting a neurological disorder, Bob founded a Young-Onset Parkinson’s Support Group for young professionals through WPA. His interactions with WPA led him to join the board of directors, and eventually after seeing several doctors and undergoing countless tests to rule everything else out, the diagnosis of Parkinson disease was finally confirmed.

As the Human Resources Director for Eppstein Uhen Architects (EUA) in Milwaukee, Bob feels incredibly fortunate to have such a supportive work environment. EUA’s president made it clear that when Bob needs to adjust his day, he can. “But EUA would do that for everybody!” Bob says. The supportive attitude from his employer has helped reduce job-related stress, which helps Bob’s symptoms.

Most days at work, Bob doesn’t think about his diagnosis, “except for the days when it just hits me like a brick wall.” When fatigue and exhaustion set in or when he knows he’s not thinking clearly, he is able to take a brief break, or in more extreme circumstances, head home a little early to rest.

Bob’s wife Julie and their three kids are also very understanding, but Bob sees the toll his disease takes on Julie especially. “Some nights I don’t have the energy I used to have, or can’t communicate as effectively, so our relationship suffers that way. I’m physically and mentally absent.” Knowing they don’t interact the way they used to, Bob tries to take short naps to rest and recharge, and then spend more time with Julie and their family.

Regular exercise and relatively minimal daily medication are enough to manage Bob’s symptoms very well at this point in his life. He has completed three marathons and is considering a fourth later this year. “Exercise makes the biggest difference,” he says.

**PD Can’t Slow Me Down**

In 1994 at age 27, Patrick Sullivan was skiing with friends near Madison, Wisconsin, and was in an accident that left him with a fractured skull, and T3 and C7 spinal cord injuries. Pat made a strong recovery, though he now uses a power chair to get around. When he started having a significant twitch in his right pointer finger and stiffening
in his right arm 12 years later, he and his wife Aimee knew something was going on.

After brain scans and a variety of other tests came back negative, they eventually visited a neurologist. The diagnosis of Parkinson’s had been hinted at before, but as Aimee says, “It was really hard with Pat, because you can’t see him walk.” At age 39, after nearly 2 years of testing, the diagnosis of Parkinson’s was confirmed.

Pat doesn’t let Parkinson’s or his spinal cord injury slow him down. The company where he has worked as a mechanical engineer for nearly 10 years has been very adaptive to Pat’s changing needs as his disease progresses. After back surgery, Pat asked to work from home temporarily. Now that his Parkinson’s is becoming more of an issue, he works from home and comes to the office only when he needs to attend meetings. The change in his schedule lets him be more efficient and productive, and allows for more flexibility when he has an “off day.”

Exploring All the Options

Very few 46 year olds spend a lot of time thinking about brain surgery, but Maureen Gile had already been living with Parkinson’s for 10 years at that point. Knowing that the disease would have a big impact on her husband and two young daughters, she wanted to explore all of her options.

“It started in my left pointer finger. It would lock up,” Maureen said. In her sales role at Childcrest Tile & Stone, she struggled holding up pieces of tile. Thinking it was arthritis, she started with her primary doctor. After a number of tests to rule things out, Maureen eventually visited a neurologist who specialized in movement disorders and was diagnosed with Parkinson’s disease.

After 10 years of trying nearly every Parkinson drug available, Maureen’s disease progressed to the point when she began seriously exploring Deep Brain Stimulation (DBS). DBS involves implanting electrodes within certain areas of the brain, and the electrodes then produce electrical impulses that regulate abnormal impulses.

“DBS was something I had read about early on, and I always thought I would end up having it eventually, but the biggest issue was timing,” she said. Timing became clear when cramping in her foot began taking over her life. A huge proponent of exercise, including running and boxing, Maureen was frustrated when exercise went from difficult to impossible. After tests and conversations with doctors, Maureen decided to have DBS, which consists of three surgeries. Her surgeries took place between January 12 and March 3, 2016.

Maureen had been having issues with foot cramping the day of the surgery. During the surgery, she finally felt the muscles in her foot release. “It was then that I knew they had hit the right spot.”

Her role at Childcrest Tile has changed in the years since her initial diagnosis. She started in a sales role, moved up to the leadership team, but as the disease progressed, she scaled back to part-time instead of full-time. She now has a very flexible schedule and works about 15 hours a week. Childcrest also supports Maureen as a board member of the American Parkinson Disease Association’s Madison Chapter.

In addition to considering all of your options, Maureen has another piece of advice for those newly diagnosed: Be completely open and honest with your doctor. “I come to my appointments with a list of things. When things go on, I’m not sure if it’s because I’m aging, or if it’s Parkinson’s related, or a side effect of medication, so I bring in my whole list!” she says.

For more information on Young-Onset Parkinson’s and the resources available, contact WPA at mail@wiparkinson.org or 414-312-6990.
You hear it over and over again: exercise is one of the most effective forms of treatment for Parkinson disease. There are so many options to help you get moving, and one you might consider is boxing at the Wisconsin Athletic Club in Waukesha.

Don’t be intimidated by this class. Boxing is a sport that every participant can do at their own pace. If you’re feeling unsteady, you can bring your care partner with you (at no charge) to help as you gain confidence.

Instructor Kathy Delker has been teaching the class for over two years, and she incorporates a variety of exercises that can help PD symptoms. From punching and kicking to ducking and jumping jacks, balance and strength training are integrated into every move. Participants are building strength, flexibility, and confidence. “Some participants like to come early and warm up on the stationary bikes,” said Kathy. “That’s another great exercise that gets them moving and building their strength!”

Jeremy Otte, WPA’s Director of Outreach & Education, recently participated in the class. “It’s a great workout! The best part was the support and camaraderie in the class,” he said. “Though everyone is at a different place, they all work hard and encourage one another.”

In addition to the obvious physical benefits of exercise, these classes provide an informal support group. There are a variety of “non-traditional” exercise options available. You might also consider the Parkinson’s dance classes, yoga class, or “Pedaling for Parkinson’s.” See the support group section in back of this magazine, or visit wiparkinson.org to see what groups are in your area!
Young Onset PD: 
A Different Twist on a Familiar Theme

Parkinson disease frequently strikes people in their 60s or older, but there is a small percentage of patients who develop symptoms in their 20-40s. These patients are considered to have Young-Onset Parkinson disease (YOPD).

Though similar in presentation to their older counterparts, YOPD patients are different. Unlike their older counterparts, YOPD patients typically tend to progress slower and they often have a lower rate of dementia. Gait and balance difficulties also tend to occur later in the disease course.

The YOPD group also has a much longer disease course – frequently lasting three to four decades. Because of this, Parkinson’s exhibits a much greater impact on YOPD patients’ longevity. They are also more likely to develop medication complications as well as develop dystonias (abnormal muscle contractions).

Given the long duration that YOPD patients live with Parkinson disease, managing symptoms requires a different approach. Long-term use of carbidopa/levodopa increases the likelihood of developing dyskinesias. Dyskinesias are wiggling movements related to fluctuating dopamine levels and can be seen when the medication is at peak dose, starting to work, or wearing off. Though not dangerous in themselves, dyskinesias can interfere with daily activities and balance. For this reason, many YOPD patients are not started on carbidopa/levodopa early on in their disease course. Frequently, dopamine agonists such as ropinerole and pramipexole are used instead. Dopamine agonists are mimics of dopamine. This means they can trick the brain into thinking they are dopamine even though they are not. As agonists, they are not as effective as carbidopa/levodopa but are less likely to cause dyskinesias. However, YOPD patients are more likely to have mild symptoms at first so the agonists are frequently strong enough to control their symptoms.

Despite delaying its use, all YOPD patients will eventually need carbidopa/levodopa and will likely develop dyskinesias and motor fluctuations (coming on and wearing off phenomena). Since this typically occurs at a younger age than in most Parkinson’s patients, YOPD individuals are more likely to be candidates for deep brain stimulation (DBS). For this reason, many Movement Disorder Specialists will broach the subject of DBS with all YOPD patients early on in their disease course. Deep brain stimulation entails using electrical pulses to alter the signals in the brain to help manage symptoms. It is not curative but improves symptoms and decreases motor fluctuations as well as dyskinesias and dystonias.

Another challenge facing YOPD patients is that they frequently have more active lifestyles. Most patients are still working full time jobs or may be raising a family. Concern for job performance becomes a top priority which leads to a greater need in symptom control. Knowing your community resources and rights can be helpful in navigating medical leave and, if necessary, disability. That being said, many patients can work to retirement age with proper symptom management.

Rachel A. Biemiller, MD

Rachel A. Biemiller, MD, is a Movement Disorders Specialist at Gundersen Health System, La Crosse, Wisconsin. She attended the Medical College of Georgia in Augusta, Georgia, and did her residency and fellowship in experimental therapeutics with a focus in movement disorders at the University of Rochester, Rochester, New York.
The Social Security Disability application process can be confusing. Common areas of confusion involve a doctor's role in the finding of disability and what it means to be disabled.

Disability, for Social Security purposes, is both medically and legally defined. A doctor cannot find someone disabled for purposes of Social Security. A doctor can offer a medical diagnosis and an opinion as to the impact the medical condition has on a person's ability to function. These criteria are then applied to determine if the person meets the legal definition of disabled.

Disability is legally defined as an impairment which keeps a person from working for 12 months or longer, or is likely to result in death. The ability to work is defined as the ability to engage in “substantial gainful activity.” Substantial gainful activity for 2016 is the ability to earn $1090 a month gross, or $1820 a month for a blind person. Simply because a person cannot perform his or her past work does not make them disabled. A person must be unable to perform any job.

There are two programs for federal disability which apply to the general population. These are Supplemental Security Income (SSI) and Social Security Disability. Both have the same standard for being qualified as disabled. They differ in eligibility based upon contributions through payroll withholding, and asset limitations.

SSI is for those who have not contributed to Social Security through FICA (Federal Insurance Contribution Act) payroll deductions enough to receive Social Security Disability. SSI pays very little. The current maximum for an individual is $733 a month for an individual and with qualified spouse $1100 a month. Furthermore, the individual must have limited assets. The asset limitation for an individual is $2000 or less to receive SSI and $3000 for a couple. There are many things, such as primary residence, which are not considered assets for purposes of SSI.

Social Security Disability is for those who have contributed enough through FICA withholding to be considered “fully insured.” If a person is age 31 years or older then generally the person must have contributed to FICA five of the ten years prior to the date of disability. There are special rules for people under the age of 31. Social Security Disability pays up to $2663 per month. For Social Security Disability there is no asset limitation.

There are five steps in determining disability. The first question examines if the person is earning over substantial gainful activities amount. If the person is earning over the substantial gainful activity amount, the person is not disabled no matter how severely impaired.

At step two, an impairment is severe if it significantly limits a person’s ability to do basic work activities. It is rare that impairment is found not to be severe. Once impairment is found to be severe, the medical records and other evidence are examined to determine if the impairment meets, or equals, a listing, which is step three.

A listing sets forth criteria, and if present, directs a finding that the individual is disabled. Parkinson disease meets, or equals the listings, when the following exist: “Significant rigidity, bradykinesia, or tremors into extremities, which, singly or in combination, result in sustained disturbance of gross and dexterous movement, or gait and station.”

To determine if an individual’s impairment meets, or equals, a listing, or when determining how an impairment limits a person’s ability to function, medical records are very valuable. This is why it is so important to articulate to your physician all the physical problems you’re having. A person’s medical records which memorialize objective and clinical examinations provide substantiation of a person’s limitations and will be very persuasive.

Even if an individual’s impairment does not meet, or equal, a listing, the person can still be found disabled based upon his or her limitations. If a person’s impairments do not meet or equal a listing Social Security determines what the person’s “residual functional capacity” (RFC) is. The RFC is the most a person can physically do.

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Employment With PD: Working it Out

Linda Herman

One of the first questions a newly diagnosed person will likely ask is, “How long will I be able to work?” This question is especially important to young-onset patients, who may be many years from retirement age, and who are often raising families and facing numerous financial responsibilities.

As with most aspects of this “designer disease,” there are no standard answers; they vary from person to person. Factors in the decision-making mix include the nature and physical demands of a job, the acceptance and support offered by employers and co-workers, the individual’s response to medication, financial issues, and the rate of disease progression. Some people continue to work for many years after a Parkinson’s diagnosis, while others may find that the physical and mental stresses of their job become too challenging, too quickly.

To tell or not to tell?

Should a person newly diagnosed with Parkinson’s tell his or her employer about the disease? For many, the symptoms can be effectively controlled by medications for several years, and colleagues at work may not even know that you have Parkinson disease. Your symptoms may not interfere with your ability to do your job, and – because in most cases your medical records are confidential – it is entirely your decision as to whether or not your Parkinson’s diagnosis is made public.

How comfortable are you with keeping your condition a secret at work? The answer will be influenced by such factors as your existing relationship with your employer and co-workers, and your instincts about how they will respond to the news. Ideally, employers would do whatever they can to help employees continue working. Besides being the right thing to do, and being required under the Americans with Disabilities Act (ADA), it also makes good business sense for an employer to try to keep experienced and valued workers. Unfortunately, not all employers are of this mindset.

My own decision was to tell most of my co-workers about my illness soon after receiving my diagnosis. People’s responses varied; a few individuals seemed to avoid me from that day on, but most have been supportive and have even become well-educated about Parkinson’s. I have also been able to enlist their support in writing to Congress to support increases in federal funding for Parkinson’s research. I found that involving friends and coworkers in PD advocacy efforts helped them to understand my illness and also provided them with a way to support me. In fact, my library director has been a shining example of what should – and can – be done to help people with disabilities in the workplace.

Workplace accommodations

By law, people with Parkinson’s are protected under the ADA against discrimination in employment practices. This law requires employers to make reasonable accommodations for employees, as long as they do not impose an “undue hardship” on the employer’s business. A reasonable accommodation is defined as “any modification or adjustment to a job or the work environment that will enable a qualified applicant or employee with a disability to participate in the application process or to perform essential job functions.”

As my symptoms progressed and medication became less effective, my job responsibilities were adjusted to be more manageable. For example, as teaching became more difficult for me, my class load was reduced. In place of these responsibilities, I took on other duties that could

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Special Needs Trusts are created to help preserve the assets of people with disabilities without endangering their eligibility for public benefits or placement on waiting lists.

What is a Disability or Special Needs Trust?

Under federal and state law, people with disabilities who have more than $2,000 in available assets are not eligible for means-tested public benefits such as Medicaid and Supplemental Security Income from the government. “Means testing” is a determination by the government of whether an individual is eligible for public assistance based on income and assets. Typically people with disabilities with assets more than $2,000 must “spend down” their assets before they can apply and receive public benefits.

With a traditional trust, like a revocable living trust, assets are counted as income and may prevent the disabled person from qualifying for means-tested public benefits. However, a statute under the Medicaid law allows the creation of a Disability or Special Needs Trust (SNT). Assets in a SNT are not counted as income under Medicaid and Supplemental Security Income, and the assets in a SNT will not affect the beneficiary’s ability to receive public benefits.

Why set up a Special Needs Trust?

Because of the limitations on assets to qualify for means-tested public benefits, a person with a disability with assets of more than $2,000 only has two choices: immediately spend all the money, or put the money in a SNT. With large sums, it is often impossible to spend all the money and not create an available asset. Gifted assets have a five-year “look back” restriction. However, by putting their assets into a SNT, a person with a disability can receive public benefits and conserve his or her assets. These assets can be later used to pay for certain expenses which will improve the quality of their life.

Are there restrictions on a Special Needs Trust?

There are five general restrictions on a SNT:

1. The SNT must be an irrevocable trust (i.e., the funds cannot be returned).
2. The funds can only be spent for the sole benefit of the Beneficiary.
3. Depending on the type of means-tested public benefits received, there may be restrictions on what expenses the SNT can pay for.
4. The funds may not be paid directly to the Beneficiary.
5. The Beneficiary must be disabled as defined by the Social Security Administration.

How is a Special Needs Trust Created?

In its simplest form, a Trust account application form is completed and signed off by a licensed Wisconsin attorney. The trust application form is submitted to the trust manager, like WisPACT, for review. If the application meets the requirements for a Special Needs Trust, it is forwarded to the Trustee, and the trust is created. This process usually takes 1-2 weeks, but at WisPACT it can be expedited under certain circumstances.

How does a Special Needs Trust Work?

When a Beneficiary needs something to be paid for, a Request for Distribution (RFD) is submitted to the trust manager. The RFD is reviewed to ensure it is legal and will not interfere with the Beneficiary’s ability to receive means-tested public benefits, then is sent to the Trustee for payment.

For more information, contact WisPACT at wispact.org or 608-268-6006.
How soon after diagnosis should I start exercising or participating in a program like LSVT BIG & LOUD?

I tell patients that exercise is just as important as medication when it comes to Parkinson disease and treatment. If one is not exercising already, I recommend starting out slowly but gradually building up to a regimen of brisk walking for 30 minutes, at least five days a week. Regular exercise is a scientifically proven benefit for Parkinson’s patients. Other exercise options to vary one’s program a little include riding a stationary bike, walking on a treadmill, taking a Tai Chi class, yoga class, water aerobics class, or swimming. Even boxing is becoming popular! Light muscle strengthening and toning is recommended as well.

I think all patients can benefit from LSVT BIG and LOUD therapy. A course of therapy can be repeated as needed. If the answer to this question is yes, the person is not disabled. If the answer is no, then Social Security must determine whether there are sufficient jobs in the economy for the individual, step five. Certain assumptions are made.

Individuals 50 to 55 who cannot do their past relevant work and are limited to sedentary work are found disabled if their past work has no transferable skills to skilled sedentary work. For individuals 55 and older if limited to light work and they cannot do their past relevant work and their past relevant work does not have transferable skills to light skilled work, they are found disabled. For individuals under 50 years of age they must prove that they cannot do even sedentary work.

Social Security Disability and Parkinson Disease

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Social Security then examines if the person can do the work he or she did for the 15 years prior to the date of disability given the RFC. This is step four. If the answer to this question is yes, the person is not disabled. If the answer is no, then Social Security must determine whether there are sufficient jobs in the economy for the individual, step five. Certain assumptions are made.

As can be seen, the application of Social Security law can be confusing and time-consuming. You may consider consulting an attorney prior to starting the process.

Jim Black graduated from St. Louis Law School in 1985. Jim has limited his practice to workers’ compensation and Social Security Disability law since 1991. In 2000, Jim opened his own firm and in 2014 he formed the partnership of Black & Jones, with five attorneys and twelve support staff. For more information, visit blackandjoneslaw.com or call 815-967-9000.
Is Parkinson disease a disability under the Americans with Disabilities Act?

The ADA does not contain a list of medical conditions that constitute disabilities. Instead, the ADA has a general definition of disability that each person must meet. Therefore, some people with Parkinson disease will have a disability under the ADA and some will not.

A person has a disability if he/she has a physical or mental impairment that substantially limits one or more major life activities, a record of such an impairment, or is regarded as having an impairment. For more information about how to determine whether a person has a disability under the ADA, contact the Job Accommodation Network at askJAN.org.

Here are some questions to consider regarding accommodating employees with Parkinson Disease.

1. What limitations is the employee with Parkinson disease experiencing?
2. How do these limitations affect the employee and the employee’s job performance?
3. What specific job tasks are problematic as a result of these limitations?
4. What accommodations are available to reduce or eliminate these problems? Are all possible resources being used to determine possible accommodations?
5. Has the employee with Parkinson disease been consulted regarding possible accommodations?
6. Once accommodations are in place, would it be useful to meet with the employee with Parkinson disease to evaluate the effectiveness of the accommodations and to determine whether additional accommodations are needed?
7. Do supervisory personnel and employees need training regarding Parkinson disease?
Accommodation Ideas:

Fine Motor:
• Implement ergonomic workstation design
• Provide arm supports
• Provide alternative computer access and a key guard
• Provide alternative telephone access
• Provide writing and grip aids
• Provide a page turner and a book holder
• Provide a note taker

Gross Motor:
• Reduce walking or provide a scooter or other mobility aid
• Provide parking close to the worksite
• Provide an accessible entrance
• Install automatic door openers
• Provide an accessible route of travel to other work areas used by the employee
• Move workstation close to other work areas, office equipment, and break rooms

Fatigue/Weakness:
• Reduce or eliminate physical exertion and workplace stress
• Schedule periodic rest breaks away from the workstation
• Allow a flexible work schedule and flexible use of leave time
• Allow work from home
• Make sure materials and equipment are within reach range

Speech:
• Provide speech amplification, speech enhancement, or other communication device
• Use written communication, such as email or fax
• Transfer to a position that does not require a lot of communication
• Allow periodic rest breaks

Medical Treatment Allowances:
• Provide flexible schedules
• Provide flexible leave
• Allow a self-paced workload with flexible hours
• Allow employee to work from home
• Provide part-time work schedules

Depression and Anxiety:
• Reduce distractions in work environment
• Provide to-do lists and written instructions
• Remind employee of important deadlines and meetings
• Allow time off for counseling
• Provide clear expectations of responsibilities and consequences
• Provide sensitivity training to co-workers
• Allow breaks to use stress management techniques
• Develop strategies to deal with work problems before they arise
• Allow telephone calls during work hours to doctors and others for support
• Provide information on counseling and employee assistance programs

Cognitive Impairment:
• Provide written job instructions when possible with more structure
• Prioritize job assignments
• Allow flexible work hours
• Allow periodic rest breaks to reorient
• Provide memory aids, such as schedulers or organizers
• Minimize distractions
• Allow a self-paced workload
• Reduce job stress

Activities of Daily Living:
• Allow use of a personal attendant at work
• Allow use of a service animal at work
• Make sure the facility is accessible
• Move workstation closer to the restroom
• Allow longer breaks
• Refer to appropriate community services

Authored by Linda Carter Batiste, J.D. Updated 03/20/13.
The Job Accommodation Network (JAN) is a service of the Office of Disability Employment Policy of the U.S. Department of Labor. If legal or medical advice is needed, appropriate legal or medical services should be contacted. For more information visit askJAN.org.
Support Group Spotlight

Menominee/Marinette Support Group
Harbors Retirement Community
1110 Tenth Avenue, Menominee
3rd Thursday at 10 a.m.
Contact: Patricia Ihler at 906-863-9445

With Support Groups throughout Wisconsin and the surrounding states, we are confident you will find one where you’ll be comfortable. For those in the Menominee/Marinette area, you may already be familiar with the support group that meets at Harbors Retirement Community in Menominee.

Patricia Ihler’s late husband John was diagnosed with Parkinson’s in 1996. They had never heard of the disease and had no idea what their future would hold. John had always been active and healthy, playing tennis, basketball, and golf, which he continued as long as he could, and then he and Pat accepted the new lifestyle Parkinson’s brought.

John and Pat maintained their positive attitude, and wanted to help others in their situation. They participated in the Menominee/Marinette support group, and were eventually asked to take over as facilitators of the group.

“It has been one of the most rewarding times of my life,” says Pat. “John was thrilled that we could now start to help in a positive fashion and his encouragement was amazing.”

The group averages 40 or so attendees each month. Sharing awareness and resources is a huge part of each meeting, and they bring in local professionals as speakers. After the presentation, the group has time for “share and care.”

Each meeting is filled with information, hope and a sense of belonging, and the knowledge that participants aren’t walking the path of Parkinson’s alone.

Pat views her activity with the support group as the best way to create awareness and join people together to assist with their individual journeys. “Awareness, resources and education are the cornerstone to success in research to find a cure.”

Contact Pat with questions, and if you’re in the area, join the group on the 3rd Thursday of the month at 10 a.m.

Young-Onset Resources

American Parkinson Disease Association
135 Parkinson Avenue • Staten Island, NY 10305
800-223-2732 • apda@apdaparkinson.org • apdaparkinson.org
apdaparkinson.org/young-onset-links
The American Parkinson Disease Association provides information on local resources, publications, videos, and referrals.

Job Accommodation Network
West Virginia University • PO Box 6080
Morgantown, WV 26506-6080
800-526-7234 • jan@AskJAN.org • AskJAN.org
The Job Accommodation Network (JAN) is a free consulting service that provides information about job accommodations, the Americans with Disabilities Act (ADA), and the employability of people with disabilities.

National Parkinson Foundation
1501 NW 9th Avenue • Bob Hope Road • Miami, FL 33136-1494
800-327-4545 • contact@parkinson.org • parkinson.org
The purpose of this Foundation is to find the cause and cure for Parkinson disease and allied neurological disorders through research, to provide diagnostic training and therapeutic services and to educate the general medical practitioners on how to detect the early warning signs of Parkinson disease.

Office of Disability Employment Policy
200 Constitution Avenue, NW, Room S-1303 • Washington, DC 20210
866-633-7365 • dol.gov/odep
The Office of Disability Employment Policy (ODEP) is an agency within the U.S. Department of Labor. ODEP provides national leadership to increase employment opportunities for adults and youth with disabilities while striving to eliminate barriers to employment.

The Parkinson’s Institute
675 Almanor Avenue • Sunnyvale, CA 94085-2934
800-655-2273 • info2@thepi.org • thepi.org
The Institute is an independent, non-profit organization conducting patient care and research activities in the neurological specialty area of movement disorders. The mission is to find the cause and cure for these disorders, to provide the best available medical care to patients with movement disorders, to investigate better treatment and diagnostic tools, and to develop prevention strategies.
We are grateful to the following donors for their support of those living with Parkinson disease. This list reflects gifts received from October 24, 2015 through March 23, 2016. While space considerations hinder our ability to list all donors, please know that we deeply appreciate every gift. Tribute gifts appear collectively under the name of the honored or memorialized person.

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The estate of Dorothy M. Fowler

$4,999 to $2,500
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Wisconsin Parkinson Association
The Network, Spring 2016

continued on next page
Employment With PD: Working it Out

continued from previous page

be performed in my office by computer, helping me cope on my own schedule with my longer and less predictable “off” periods. I typed all of my written communications, rather than expecting others to decipher my typical Parkie handwriting. I took shorter lunch breaks, so that I could leave work early if fatigue became a problem by the end of the day.

Some other examples of workplace accommodations that can be helpful for people with Parkinson’s include the provision of adaptive computer equipment, such as an ergonomic work station, voice recognition software, or a trackball. Mobility devices, such as a scooter or cane, or speech amplifiers, might be requested. Depending on the nature of the job and company, requests for a more flexible work schedule, or reversion to a part-time arrangement, or telecommuting might be options. Accommodations to help deal with cognitive problems could include arranging for a workspace away from noise or other distractions, and the use of memory aids such as schedule planners and written instructions.

Making the choice

Part of working with Parkinson’s is also knowing when it is time to stop working. In my situation, I slowly realized that even with accommodations, I was no longer able to do my job as I would like to, as fatigue was a constant problem. So after 22 years as an academic librarian, 10 of them with PD, I concluded that fall 2005 would be my last semester working. Difficult as the decision certainly was, it helped me to know that my volunteer advocacy work on behalf of the Parkinson’s community will continue to make good use of my research skills.

This article was originally published in the Fall 2005 edition of the Parkinson’s Disease Foundation (PDF) quarterly newsletter, News & Review. It is reprinted, in its entirety, with permission from PDF. For other publications, please visit pdf.org.

Linda Herman is a retired Librarian at Medaille College. She is active in Parkinson’s advocacy and is the Upstate New York State Coordinator for the Parkinson’s Action Network. She also works with New Yorkers for the Advancement of Medical Research (NYAMR). Linda resides in Amherst, New York.
Groups in Wisconsin are listed by region: Northeastern, Northern, Southeastern, Southern, and Western. Map pins identify cities that host a support, caregiver, exercise or young-onset group in each region. Support groups in the states surrounding Wisconsin are listed by each state.

This list is current as of April 13, 2016. Please contact the WPA at 414-312-6990 or mail@wiparkinson.org with any changes.
# Support Groups & Exercise Groups

**northeastern wisconsin**

**Appleton**
**support group**
Touchmark at West Prospect
2601 Touchmark Drive
3rd Thursday at 1:00 p.m.
**Contact:** Leslie Thede at 920-832-9100

**young-onset group**
Brookdale Senior Living Solutions
5800 Pennsylvania Avenue
2nd Thursday at 6:00 p.m.
**Contact:** Margaret Foth at 920-735-0477 or Margaret Kaspar at 920-915-5488

**Fish Creek**
**exercise group**
Door County YMCA
Northern Door Program Center
3866 Gibraltar Road
4th Wednesday from 10:00 – 11:30 a.m.
**Contact:** Carol Ash, PT, at 920-868-3660

**Fond du Lac**
**support group**
Aurora Health Center
210 Wisconsin American Drive
2nd Floor Meeting Room
2nd Monday at 10:00 a.m.
**Contact:** Lori Anderson at 920-906-4792 or Cheryl Leonard at 920-477-5222

**exercise group**
YMCA
90 W. Second Street
Tuesdays & Thursdays from 10:30 a.m. – 12:00 p.m. (fee associated)
**Contact:** Joel Mason, DPT, at 920-921-3330

**Green Bay**
**support group**
Aging & Disability Resource Center
300 S. Adams Street
2nd Tuesday at 1:00 p.m.
**Contact:** Mary Beth Fumelle at 920-655-3715

**support group**
SS. Edward and Isidore Parish
3667 Flintville Road
4th Wednesday from 10:00 – 11:30 a.m.
**Contact:** Carol Mueller at 920-655-0451

**support group**
Aurora BayCare Orthopedic & Sports Medicine Center
1160 Kepler Drive
2nd Wednesday at 11:15 a.m.
**Contact:** Kelly Gerl, PT, at 920-288-4705

**exercise group**
PWR! Fitness
Aurora BayCare Sports Medicine Center
1160 Kepler Drive
Mondays, Wednesdays, Fridays at 10:00 a.m. ($5 per class)
**Contact:** Kelly Gerl, PT, at 920-288-5400

**exercise group**
The Aquatic Center for CP
2801 S. Webster Avenue
Mondays & Wednesdays from 11:00 – 11:45 a.m. (fee associated)
**Contact:** 920-403-7665

**King**
**support group**
Wisconsin Veterans Home at King
422 Bell Avenue
4th Thursday at 1:30 p.m.
**Contact:** Michael Izzo at 715-252-2592

**Manitowoc**
**support group**
Manitowoc Senior Center
3330 Custer Street
4th Thursday at 1:30 p.m.
No meeting July or August
**Contact:** Vicki Rathsack at 920-726-4626

**exercise group**
Aquatic Exercises, YMCA
205 Maritime Drive
Call for meeting times (fee associated)
**Contact:** 920-682-0341

**exercise group**
Holy Family Memorial Wellness Center
1650 S. 41st Street
Tuesdays & Fridays at 2:00 p.m. (fee associated)
**Contact:** Pamela Posvic, PTA, at 920-320-4600

**Neenah**
**support group**
Neuroscience Group
1305 W. American Drive, 2nd Floor Classroom
4th Thursday at 2:00 p.m.
**Contact:** Patrick Peikley at 920-538-0144

**exercise group**
Oshkosh
Bella Vista
631 Hazel Street
1st Thursday from 1:00 – 2:00 p.m.
**Contact:** Steve Waller at 920-233-6667

**support group**
Oshkosh Senior Center
200 N. Campbell Road
1st Thursday at 9:30 a.m.
**Contact:** Amanda Ubbeholde at 920-232-5320

**exercise group**
Bella Vista
631 Hazel Street
Mondays & Fridays from 9:00 – 9:45 a.m.
**Contact:** 920-233-6667

**exercise group**
LSVT BIG
Affinity Health System
Outpatient Rehabilitation Services
2700 W. 9th Avenue
Call for information (fee associated)
**Contact:** 920-236-1850

**exercise group**
Oshkosh Seniors Center, North Building
234 N. Campbell Road
Tuesdays & Thursdays from 11:00 – 11:45 a.m. (fee associated)
**Contact:** Amanda Ubbeholde at 920-262-5300

**Shawano**
**support group**
City Hall
127 S. Sawyer, River Room
2nd Tuesday at 1:30 p.m.
**Contact:** Joyce Hagen at 715-526-5104

**exercise group**
Total Fitness
212 E. Green Bay Street
Mondays & Thursdays at 1:15 p.m. (fee associated)
**Contact:** Jean Darling, PT, or Jamie Mursaw, PTA, at 715-526-2899

**Sheboygan**
**support group**
Sunny Ridge Health & Rehabilitation Center
3014 Erie Avenue
3rd Tuesday at 2:00 p.m.
**Contact:** Louis Borst at 920-400-1336 or Kristine Barts at 920-889-2602

**exercise group**
Aurora Sheboygan Memorial Medical Center
2629 N. 7th Street
Tuesdays & Thursdays from 11:30 a.m. – 1:00 p.m. (fee associated)
**Contact:** Stacey Rooker, PT, at 920-451-5550

**Sturgeon Bay**
**support group**
United Methodist Church
836 Michigan Street
1st Thursday from 12:30 – 2:00 p.m.
**Contact:** Carol Moellenberndt at 920-743-3476

**exercise group**
Door County YMCA, Sturgeon Bay
1900 Michigan Street
Tuesdays & Thursdays at 2:15 p.m. (fee associated)
**Contact:** Carl Gotta, PT, or Shawn Hanrahan, PTA, at 920-743-4949

**Waupaca**
**support group**
Riverside Medical Center
902 Riverside Drive
3rd Wednesday at 2:00 p.m.
**Contact:** Patrick Peikley at 920-538-0144
# Support Groups & Exercise Groups

## northern wisconsin

**Bay Area**  
**support group**  
Meeting rotates each month: Bayfield, Washburn, Cornucopia, & Ashland  
9:30 – 11:00 a.m.  
**Contact:** Joan Schierman at 715-742-3911 or Jeff Obst at 715-209-0807 for current month’s date, town, and meeting location

**Marshfield**  
**support group**  
Wesley United Methodist Church  
205 S. Maple Street  
3rd Thursday at 1:00 p.m.  
**Contact:** Marilyn Seidl-Kramer at 715-305-8224

**Minocqua**  
**support group**  
Ascension Lutheran Church  
Highway 51 South  
2nd Tuesday at 10:00 a.m.  
**Contact:** Dennis Leith at 715-358-2207 or Norma Semling at 715-545-3414

**Rhinelander**  
**support group**  
Oneida County Senior Center  
100 W. Keenan Street  
3rd Monday from 1:00 – 3:00 p.m.  
**Contact:** Stephanie at 715-369-6170 or Norma at 715-545-3414

**Stevens Point**  
**support group**  
Lincoln Senior Center  
1519 Water Street  
4th Tuesday at 1:00 p.m.  
**Contact:** Ellen Grys at 715-343-6294

**Wausau**  
**support group**  
Aging and Disability Resource Center  
1000 Lakeview Drive, Wellness Room  
3rd Tuesday at 12:30 p.m.  
**Contact:** Lucy Harvey at 715-848-3545

## southeastern wisconsin

**Brookfield**  
**support group**  
Brookfield Regency  
777 N. Brookfield Road  
1st Thursday at 2:30 p.m.  
**Contact:** Jeremy Otte at 414-312-6990

**exercise group**  
Brookfield Senior Community Center  
2000 N. Calhoun Road  
Tuesdays & Thursdays at 10:30 a.m. (fee associated)  
**Contact:** Lisa Glenn at 262-796-6675

**Brown Deer**  
**exercise group**  
Rite-Hite YMCA  
9250 N. Green Bay Road  
Tuesdays & Thursdays at 1:30 or 2:00 p.m. (fee associated)  
**Contact:** Megan Radoski or Liz Paly, PT, at 414-354-9622

**Greenfield**  
**exercise group**  
Combat PD – Based off of Delay the Disease Wisconsin Athletic Club  
5020 S. 110th Street  
Tuesdays at 11:00 a.m. and Thursdays at 10:00 a.m. (fee associated)  
**Contact:** Kat Lonson at 414-427-6500

**Hartford**  
**exercise group**  
Aurora Medical Center Washington County  
1032 E. Sumner Street  
Rehab Department  
Tuesdays & Thursdays at 12:30 p.m. (fee associated)  
**Contact:** Kim Beimel, PTA, or Meg Bowen, PTA, at 262-670-7233

**Kenosha**  
**support group**  
Brookside Care Center  
3506 Washington Road  
Southport Room  
1st Wednesday at 2:00 p.m.  
**Contact:** Julie Topolovec at 262-657-7276

**Mequon**  
**exercise group**  
Tai chi for Parkinson’s  
Tai chi for Parkinson’s  
11011 N. Oriole Lane  
Mondays & Fridays at 11:00 a.m. (fee; donation requested)  
**Contact:** Herb Ayres at 262-242-7703

**Milwaukee**  
**exercise group**  
LSVT BIG and LOUD Skills Class  
Aurora Sinai Medical Center  
945 N. 12th Street  
Garden Room, 1st floor main hospital

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**Free valet parking**  
Every Monday 12:30 – 1:15 p.m.  
Every Thursday 8:00 – 8:45 a.m.  
(fee associated)  
**Contact:** Erica Vitek, OT, at 414-219-7127

**exercise group**  
Group Yoga Therapy (safe for those with PD)  
Invivo Wellness  
2060 N. Humboldt Avenue  
Wednesdays from 9:00 – 10:30 a.m. (fee associated)  
**Contact:** Tina Romenesko, PYT, RYT, at 414-265-5606

**exercise group**  
Yoga for Parkinson’s  
Milwaukee Yoga Center  
3514 N. Oakland Avenue  
Fridays from 1:30 – 3:00 p.m. (fee associated)  
**Contact:** Susan Goulet at 414-332-3551

**Oconomowoc**  
**support group**  
Oconomowoc Memorial Hospital  
791 Summit Avenue  
3rd Friday at 2:00 p.m.  
**Contact:** Jeremy Otte at 414-312-6990

**exercise group**  
Pabst Farms YMCA  
1750 E. Valley Road  
Wednesdays & Fridays at 1:00 p.m. (fee associated)  
**Contact:** Katie Mack at 262-434-2600

**Racine**  
**support group**  
Covenant Presbyterian Church  
40 Ohio Street  
Providence Room (upper level)  
3rd Tuesday from 2:00 – 3:30 p.m.  
**Contact:** Susan Monson at 262-639-8490

**exercise group**  
YMCA of Racine  
8501 Campus Drive  
Mondays & Wednesdays at 1:30 or 2:00 p.m. (fee associated)  
**Contact:** Jaclyn Prute, PT, or Kenneth Merkitch, PT, at 262-634-1994

**St. Francis**  
**support group**  
St. Ann Center for Intergenerational Care  
Adult Day Services Unit  
2801 E. Morgan Avenue  
3rd Tuesday at 1:30 p.m.  
**Contact:** Hattie Goodman at 414-744-5654

**Summit**  
**exercise group**  
Aurora Medical Center Summit  
36500 Aurora Drive  
Outpatient Rehabilitation Gym  
Every Monday at 6:00 p.m. (free)  
**Contact:** Katie Mack at 262-434-2600
Support Groups & Exercise Groups

Waukesha

exercise group
Waukesha Family YMCA
320 E. Broadway
Mondays & Thursdays at 1:00 or 1:30 p.m.
(fee associated)

Contact: Kristine DeKarske, PT, at 262-542-2557

exercise group
Boxing for Parkinson’s
Wisconsin Athletic Club
1530 E. Moreland Boulevard
Group Exercise Studio
7 Week Session, Thursdays 1:00 – 2:00 p.m.
(fee associated)

Contact: Kathy at 262-544-4111

Wauwatosa

young-onset group
Community Conference Center
8700 Watertown Plank Road
Lower Level, east side of WAC
3rd Wednesday from 6:30 – 8:00 p.m.

Contact: Vicki Conde at 414-805-8326

men’s group
San Camillo, 10200 W. Bluemound Road
2nd Monday at 1:30 p.m.

Contact: Mr. Carol Smith at 414-607-7142

women’s group
San Camillo, 10200 W. Bluemound Road
4th Monday at 1:30 p.m.

Contact: Gail Meilinger at 414-545-1487

exercise group
Group Yoga Therapy (safe for those with PD)
Haleybird Yoga Studios
9207 W. Center Street
Fridays from Noon – 1:15 p.m.
(fee associated)

Elevator access is not available in this building.

Contact: Shauna Perry or Biz Casmer at 612-801-0188

exercise group
PD on the Move
Parkinson Wellness Recovery (PWR)
Training Method
Wisconsin Athletic Club
8700 W. Watertown Plank Road
Tuesdays from 1:00 – 2:00 p.m.
7-Week Session (fee associated)

Contact: Jessica Doine, PT, DPT at 414-443-5000

exercise group
Parkinson’s Dance Class
West Suburban YMCA
2420 N. 124th Street
Thursdays from 1:00 – 2:00 p.m.
7-Week Session (fee associated)

Contact: Erica Wasserman at 414-454-4645

West Allis

support group
Aurora West Allis Medical Center
8901 W. Lincoln Avenue, Meeting Room 1
4th Tuesday at 7:00 p.m.

Contact: Dale & Ellen Janete at 262-492-2439,
Judy Thurman at 262-691-7342, or
Mary Donovan at 414-817-0192

West Bend

support group
Cedar Ridge Retirement Campus
113 Cedar Ridge Drive
3rd Monday at 1:00 p.m.

Contact: Gary Schilling at 262-388-0522

exercise group
Kettle Moraine YMCA at River Shores
705 Village Green Way, Suite 201
Tuesdays & Fridays at 2:00 or 2:30 p.m.
(fee associated)

Contact: Beth Dieringer, PT, or Anne Langenfeld Smith, PT, at 262-247-1050

Whitefish Bay

support group
Jewish Community Center
6255 N. Santa Monica Boulevard
Room 1M50
2nd Wednesday from 1:00 – 2:00 p.m.

Contact: Miriam Oliensis-Torres at 414-963-2600

exercise group
Parkinson’s Dance Class
Jewish Community Center, Studio B
6255 N. Santa Monica Boulevard
2nd Monday from 10:30 a.m. – Noon

Contact: Susanne Carter at 414-871-1523

exercise group
Jewish Community Center
6255 N. Santa Monica Boulevard
3rd Monday at 10:30 a.m.

Contact: Jordan Mooney at 608-229-7628

Whitewater

support group
Fairhaven Retirement Community
435 W. Stairin Road
Lower Level Conference Room
2nd Monday at 1:00 p.m.

Contact: Julie Hollenbeck at 262-431-4772

exercise group
Mercy Fitness & Aquatic Center
580 S. Elizabeth
Call for meeting days and times (fee associated)

Contact: 262-473-4900

southern wisconsin

Baraboo

support group
First Congregational United Church of Christ
131 Sixth Avenue
3rd Monday at 2:00 p.m.

Contact: Sylvia Kriegl at 608-356-7096
or Geri Schoenoff at 608-356-3473

Janesville

support group
Cedar Crest
1702 S. River Road
1st Wednesday at 2:00 p.m.

Contact: Judy Bever at 608-754-5749

exercise group
SOL Fitness
4113 Whitney Street
Wednesdays from 9:00 – 9:45 a.m.
(fee associated)

Contact: Connie Udell at 608-302-7088

Madison

support group
Asbury United Methodist Church
6101 University Avenue
3rd Wednesday from 2:45 – 4:00 p.m.

Contact: Jordan Mooney at 608-229-7628

support group
Madison Public Library
Sequoia Branch
4340 Tokay Boulevard
Meeting Room A
Last Monday at 7:00 p.m.

Contact: 608-298-7520

caregiver group
Daisy Cafe
2827 Atwood Avenue
1st Wednesday from 2:00 – 4:00 p.m.

Contact: Jordan Mooney at 608-229-7628

young-onset group
St. Mary's Hospital
700 S. Park Street, Room 1209
6/2, 9/1, 12/1 at 6:00 p.m.

Contact: Jordan Mooney at 608-229-7628

exercise group
Bliss Flow Yoga
3527 University Avenue
Fridays from 2:00 – 2:45 p.m.
(fee associated)

Contact: 608-233-2577

exercise group
Harbor Athletic Club
2529 Allen Boulevard, Middleton
Multiple meeting days and times for PD

exercise, Zumba, PDGlee, PD in Motion
(fee associated)

Contact: 608-831-6500

exercise group
Madison Senior Center
330 W. Mifflin Street
Tuesdays at 10:30 a.m.
(fee associated)

Contact: 608-266-6581
Support Groups & Exercise Groups

**Western Wisconsin**

**Waunakee**
- **support group**
  - Waunakee Senior Center
  - 333 S. Madison Street
  - 4th Tuesday at 2:00 p.m.
  - **Contact:** Candice Dufek at 608-850-5877

**Eau Claire**
- **support group**
  - Sacred Heart Hospital
  - 900 W. Clairemont Avenue
  - Room location varies
  - 3rd Tuesday from 1:00 p.m.
  - **Contact:** Sarah Hendrickson, RN, at 715-717-4334

**La Crosse**
- **support group**
  - Gundersen Lutheran Hospital
  - 1900 South Avenue
  - 4th Tuesday at 2:00 p.m.
  - **Contact:** Julie Holzwarth at 608-782-7300

**Hudson**
- **support group**
  - Hudson Hospital and Clinics
  - 405 Stageline Road
  - 2nd Tuesday at 10:00 a.m.
  - **Contact:** Vicky Hakala at 651-436-1331

**Chippewa Falls**
- **support group**
  - Trinity United Methodist Church
  - 201 W. Central Street
  - 1st Wednesday at 1:30 p.m.
  - **Contact:** Ursula Whelan at 715-723-3726 or Dianne Wilson at 715-861-4169

**Shell Lake**
- **support group**
  - Northwest Wisconsin Parkinson’s Support Group
  - St. Joseph's Catholic Church
  - 201 N. Second Street, Lower Level
  - 1st Thursday at 1:00 p.m.
  - **Contact:** Jolene Colburn at 715-255-0357

**Sun Prairie**
- **exercise group**
  - PWR! fitness
  - Stoughton Area Senior Center
  - 248 W. Main Street
  - Call for information; 6-week class with a PWR! instructor (fee associated)
  - **Contact:** Hollee Camacho at 608-873-8585 or Richard Lomson at 608-712-3106

**Verona**
- **support group**
  - Verona Senior Center
  - 108 Paoli Street
  - 3rd Friday at 10:00 a.m.
  - **Contact:** Becky Losby at 608-845-7471

- **caregiver group**
  - Verona Senior Center
  - 108 Paoli Street
  - 3rd Tuesday at 10:30 a.m.
  - **Contact:** Becky Losby at 608-845-7471

**Wisconsin Parkinson Association**
**The Network, Spring 2016**

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**Illinois**

**Belvidere, IL**
- **exercise group**
  - Keen Age Center
  - 2141 Henry Luckow Lane
  - Tuesdays from 9:00 a.m. (fee associated)
  - **Contact:** Linda Palmer at 815-871-6710

**Dixon, IL**
- **support group**
  - Town Square Center
  - 102 S. Hennepin, 2nd Floor Community Room
  - 2nd Thursday at 1:00 p.m.
  - **Contact:** Anne Hilliard at 815-285-5575

**Libertyville, IL**
- **support group**
  - Lake County Parkinson Support Group
  - Condell Medical Center/Conference Center
  - Condell Drive & Milwaukee Avenue (Rt. #21)
  - 4th Wednesday from 7:00 – 9:00 p.m.
  - **Contact:** Wayne Zumstein at 847-949-1118 or 847-840-5700

**Northfield, IL**
- **support group**
  - North Shore Senior Center
  - 161 Northfield
  - Every Wednesday at 1:00 p.m.
  - **Contact:** Heather Resnick at 847-784-6038

**Rockford, IL**
- **exercise group**
  - Wesley Willows
  - 4141 N. Rockton Avenue
  - 2nd Wednesday from 10:00 – 11:30 a.m.
  - **Contact:** Faye Ford at 815-885-4897 or Joyce Reiland at 815-229-3078

- **exercise group**
  - Pedaling for Parkinson’s/ YMCA of Rock River Valley
  - I.D. Pennock Family YMCA
  - 200 Y Boulevard
  - Mondays, Wednesdays, Fridays at 12:30 p.m. (free)
  - **Contact:** Linda Palmer at 815-871-6710

- **exercise group**
  - Let’s Get Moving
  - Gloria Dei Lutheran Church
  - 4700 Augustana Drive
  - Wednesdays from 9:30 a.m. – 10:30 a.m.
  - **Contact:** David Palmer at 815-871-6710

- **young-onset group**
  - Gloria Dei Lutheran Church
  - 4700 Augustana Drive
  - 3rd Tuesday at 7:00 p.m.
  - Dinner meetings at 6:30 p.m.
  - **Contact:** David & Linda Palmer at 815-871-6710
Support Groups & Exercise Groups

**Gloria Dei Lutheran Church**

4700 Augustana Drive

2nd Thursday at 7:00 p.m.

**Contact:** Tom Habing at 815-398-1720

**Gloria Dei Lutheran Church**

4700 Augustana Drive

Wednesdays from 9:30 – 10:30 a.m.

**Contact:** Linda Palmer at 815-871-6710

**Pedaling for Parkinson’s**

Stateline Family YMCA, Roscoe Branch

9901 Main Street

Mondays, Wednesdays, Fridays at 11:00 a.m. (free)

**Contact:** Ann Hankins at 608-365-2261

**Holy Cross Village, Andre Place**

54515 State Road 933 North

1st Monday from 1:00 – 3:00 p.m.

**Contact:** Dawn Hatch at 574-262-1739

**Bettendorf Family YMCA**

3800 Tanglefoot Lane

1st Thursday from 1:00 – 3:00 p.m.

**Contact:** Gene Kenyon at 563-549-7890

**Bettendorf Family YMCA**

3800 Tanglefoot Lane

Tuesdays & Thursdays 11:15 a.m. – Noon

**Contact:** Marli Apt at 563-359-9622

**Trinity Medical Center**

4500 Utica Ridge Road

Lower Level Classroom A and B

3rd Tuesday from 7:00 – 8:30 p.m.

**Contact:** Elizabeth Saelens at 309-523-3880

**Great River Medical Center**

1225 Gear Avenue, Blackhawk Room

3rd Thursday at 2:00 p.m.

**Contact:** Tom Zimmerman at 319-753-0550 or Maralyn Stull at 641-791-2299

**Primrose Retirement Center**

724 Maple Grove Road

3rd Monday from 10:00 – 10:30 a.m.

**Contact:** Joan Setterund at 218-728-4986 or Catharine Larsen at 218-733-9903

**Notre Dame/South Bend, IN**

Michiana Parkinson Support Group

Holy Cross Village, Andre Place

54515 State Road 933 North

1st Monday from 1:00 – 3:00 p.m.

**Contact:** Dawn Hatch at 574-262-1739

**Winnesheik Medical Center**

901 Montgomery Street

4th Wednesday at 1:30 p.m.

**Contact:** Dawn Milligan at 563-387-3146

**Stonehill Adult Daycare Center**

500 First Street North, Garden Room

3rd Monday at 1:30 p.m.

**Contact:** Eloise Prater at 641-791-1018

**Aspirus Keweenaw Home Health & Hospice**

311 Sixth Street

2nd Monday at 1:00 p.m.

**Contact:** Sarah Baratono at 906-337-5708

**Greater Marinette-Menominee YMCA**

1600 West Drive

Mon. & Wed. 11:00 – 11:45 a.m. (fee associated)

**Contact:** Kristen Weglarz at 906-863-9983

**Negaunee Senior Center**

410 Jackson Street

4th Monday at 1:00 p.m.

**Contact:** Brittany Etelamaki at 906-475-6266

**Aspirus Keweenaw Home Health & Hospice**

311 Sixth Street

2nd Monday at 1:00 p.m.

**Contact:** Sarah Baratono at 906-337-5708

**Greater Marinette-Menominee YMCA**

1600 West Drive

Mon. & Wed. 11:00 – 11:45 a.m. (fee associated)

**Contact:** Kristen Weglarz at 906-863-9983

**Negaunee Senior Center**

410 Jackson Street

4th Monday at 1:00 p.m.

**Contact:** Brittany Etelamaki at 906-475-6266

**Burlington, IA**

**support group**

Wesley Park Center

500 First Street North, Garden Room

3rd Monday at 1:30 p.m.

**Contact:** Eloise Prater at 641-791-1018

**Social Work/Delay The Disease**

Genesis Medical Center-West

Central Park Avenue

Mondays & Thursdays from 12:15 – 1:00 p.m.

**Contact:** 563-421-4540

**Ridgecrest Village, Crest Activity Room**

3rd Saturday from 10:00 a.m. – Noon

**Contact:** Gene Kenyon at 563-549-7890

**Aspirus Keweenaw Home Health & Hospice**

311 Sixth Street

2nd Monday at 1:00 p.m.

**Contact:** Sarah Baratono at 906-337-5708

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724 Maple Grove Road

3rd Monday from 10:00 – 10:30 a.m.

**Contact:** Joan Setterund at 218-728-4986 or Catharine Larsen at 218-733-9903

**Greenfield, WI**

**Caregiver group**

Greenfield Friendship Club

5150 S. 143rd Street

3rd Thursday at 10:00 a.m.

**Contact:** Sherry Gruber at 414-297-1288

**Depression Support Group**

Greenfield Park District

5130 S. 94th Street

1st Thursday at 6:30 p.m.

**Contact:** Sherry Gruber at 414-297-1288

**Greenfield Community Church**

5109 S. 94th Street

3rd Saturday at 9:00 a.m.

**Contact:** Sherry Gruber at 414-297-1288

**Greenfield, WI**

**support group**

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**support group**

Great River Medical Center

1225 Gear Avenue, Blackhawk Room

3rd Thursday at 2:00 p.m.

**Contact:** Tom Zimmerman at 319-753-0550 or Maralyn Stull at 641-791-2299

Follow the WPA on Facebook!

facebook.com/wiparkinson
Recent & Upcoming Events

June 11 – Movers & Shakers Golf Classic

Back for its second year, the Movers & Shakers Golf Classic is set for June 11 at Evergreen Golf Course in Elkhorn, Wisconsin.

This family-oriented golf and dinner event is run by Joe Schlicher and his family and friends as a community fundraiser for WPA. The event includes golf and dinner, or the option to come just for dinner. There will be an extensive silent auction as well as a raffle and live auction items.

We hope you can join the event this year! Visit wiparkinson.org for details on how you can get involved!

March 11 – Appleton

WPA was in Appleton on March 11 for Parkinson Disease: Living Well. Presenters at the free session included Lisa Kokontis, MD and Dan Dahle, MSPT, LAT, and Brianne Weinkers, DPT, as well as Jeremy Otte from WPA. Participants learned about symptoms, diagnosis and treatment options for people with Parkinson disease, as well as information on participating in clinical trials. The group also participated in a brief exercise class. Thanks to Neuroscience Group for sponsoring, and to our volunteers for helping out!

April 12 – Shawano

On April 12, WPA teamed up with the Shawano Support Group to host Parkinson Disease: The Basics & Beyond. The free session included discussion on how Parkinson’s is diagnosed, primary and secondary symptoms, and the “three M’s” of Parkinson’s: motor, mood and memory. Thanks to the Shawano Support Group for hosting us!

30th Annual Parkinson Disease Symposium

Register now!

Country Springs Hotel & Conference Center
June 24, 2016 • 9 am – 3:30 pm
Registration and vendor fair from 8 – 9 am

Featured topics will include what to expect at your neurology appointment, and ongoing Parkinson’s research.

Breakout sessions will include:
• Understanding the Medicare System
• Tips for Adapting your Home
• LSVT BIG
• Understanding PD Medications
• Exercise Options for PD
• Caregiver Resources

Conference registration deadline: Wednesday, June 15
Registration fee: $30 per person

To register or for more information, visit wiparkinson.org or call 414-312-6990.
Would you like to receive The Network magazine?

If you do not receive this magazine regularly, please consider making a donation to partner with us.

Your donations help those living with Parkinson disease by allowing us to enhance and expand our services to them and their families. Annual partnership donations provide you with four issues of The Network, announcements of our education events, and information about local education and support programs so that you can connect with others in your area.

For more information about donating or partnering with us, please contact our office.

The mission of the Wisconsin Parkinson Association is to expand medical professional and public awareness and understanding about Parkinson disease that will lead to maximum support, the best individual healthcare, assistance for caregivers and families, and increased funding for research.

Upcoming Events

May 12
Parkinson Disease: Living Well
Wausau

June 23
WPA Support Group Facilitator Training
Pewaukee

June 24
30th Annual Parkinson Disease Symposium
Pewaukee

September 13
5th Annual WPA Open Against Parkinson Disease Golf Outing
The Legend at Brandybrook, Wales

September 28
Parkinson Disease: Living Well
Green Bay

October 25
Parkinson Disease: The Basics & Beyond
Stevens Point

Visit wiparkinson.org for more information!